



**Secretary of State
Office of Professional Regulation**

**DENTAL EXAMINERS
Report of Dental Findings**

Date: _____

Child's Name: _____

The Registered Dental Hygienist has done a visual inspection of the teeth and documented the findings. The results of this inspection show that:

	A complete check up at the dental office that may include cleaning, x-rays, or exam is recommended
	An exam to check for possible cavities/decay is needed
	An emergency appointment for obvious decay/infection is needed
	Applied Silver Diamine Fluoride (SDF) to the following teeth: _____. This treatment should be repeated within the next six months. Contact your family dentist for definite treatment. Please see the SDF Informed Consent Form for additional information about the SDF treatment.
	Applied Fluoride varnish to all teeth

This visual inspection by the dental hygienist was **not** a complete dental examination. More information about your child's dental health can be obtained by seeing a dentist. We recommend that all children see a dentist starting at age one and continue at least once a year.

Sincerely,